05/500/10

		Application of Docket Number											
PATENT APPLICATION FEE DETERMINATION RECOR) [P	yqα	10211	0
Effective October 1, 2000										· 6	ءًا أ	11-02	RD
OLAMIC AC ELLED BARTI													
(Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS									<u>; </u>	-	OR 1 I		
1017E GOWING			40					RATE	+	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE :	355.00	OR	Basic Fee	710.00
TOTAL CHARGEABLE CLAIMS			48 minus 20=		. 58			X\$ 9	= .	252	OR	X\$18=	_
INDEPENDENT CLAIMS			6 minus 3 =		3			X40=		120	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135	_			+270=	
* If the difference in column 1 is less than zero, enter *0* in column 2										135	OR		
, , /								TOTA	L	262	OR	TOTAL	
2/3/64 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									L EN	YTITY	OR	OTHER SMALL	
		CLAIMS	***	HIGH	EST		1		T	ADDI-	1		ADDI-
NTA		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT 'EXTRA		RATE		IONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	. 41	Minus •		8	- \/		X\$ 9=	= 1,		OR	X\$18=	
ME	Independent	• 6	1	••• (0	- /		X40=	.	\bigvee	OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135:	. /		OR	+270=	
								TOT	i_			TOTAL	
10/22/14								ADDIT. F	EE L		OR	ADDIT. FEE	
_	TOPIPY	(Column 1)	ANTONOMONOMON	(Colur		(Column 3)							
E B	B. P. S. C. C. S.	CLAIMS REMAINING AFTER		PREVIO	BER DUSLY	PRESENT EXTRA		RATE		ADDI- IONAL		RATE	ADDI- TIONAL
AMENDMENT B	Total	• L/d	Minus	PAID	18 18	=\/		X\$ 9=		FEE	OR	X\$18=	FEE
MEN	Independent	• 4	Minus	***	6 -/			X40=	-	1/		X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+	X	OR		•
1 . 1								+135=	_Ł	V	OR	+270=	
0	to that							TOT ADDIT. FI	_		OR	ADDIT, FEE	
(Column 1) (Column 2) (Column 3)													
O	-	CLAIMS REMAINING	sacra sactor	HIGH	BER	PRESENT				ADDI-			ADDI-
ENT		AFTER AMENDMENT		PREVIO		EXTRA		RATE		IONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	· 46	Minus	4	8	= \/		X\$ 9=	-		OR	X\$18=	
A ME	Independent	NTATION OF W	Minus	NDEN	CI AIBA	<u> - </u>		X40=		X/	OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								.	V	OR	+270=	
			" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Himest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20."										
								TOT			OB.	TOTAL	
	If the "Highest Nu "If the "Highest Nu	mber Previously P mber Previously F	ald For IN THIS S Paid For IN THIS S	SPACE I	s less tha is lass tha	in 20, enter "20. in 3, enter "3."		ADDIT. FE	EE		OR	ADDIT. FEE	
••	If the "Highest Nu "If the "Highest Nu	mber Previously P mber Previously F	aid For IN THIS S	SPACE I	s less tha is lass tha	in 20, enter "20. in 3, enter "3."		ADDIT. FE	EE	opriate bo		ADDIT. FEE	

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